

Notification of Change of Nursing Home Consultant Pharmacist

*Pharmacist Name:	
*Pharmacist Mailing Address:	
*Pharmacist License Number:	
*Nursing Home Facility Name:	
*Date of Change:	
*Check the Appropriate Action:	<div style="margin-bottom: 10px;"> <input type="checkbox"/> No longer serving as the nursing home consultant in charge. <i>(Please remember to remove the permit issued to the nursing home in your name from the facility.)</i> </div> <div> <input type="checkbox"/> Will serve as the nursing home consultant in charge. <i>(Please be sure that we have your current mailing address so that we send the permit to the correct address.)</i> </div>
Telephone where we may reach you:	
Additional Information	
Nursing Home Facility Address (street, city):	
Who may we contact at the Nursing Home if we need to contact them?:	
Telephone at Nursing Home:	
Is there any other individual, company or agency that might provide us with information on who will serve as the nursing home consultant in charge?:	
Telephone number for this contact?	

* Required information

Fax to: 501-682-0195

Mail to: Arkansas State Board of Pharmacy, 101 East Capitol, Suite 218, Little Rock, AR 72201

Email: You can email this information (without the form) to *Margaret.Lincourt@arkansas.gov*